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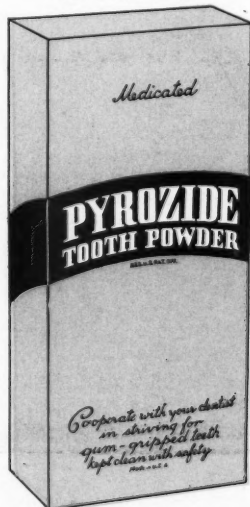
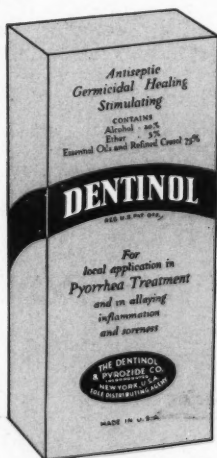
The dentist who specifically directs the patient as to how to give needed stimulation to the gums and safely clean the teeth induces the home cooperation so essential to lifelong tooth retention.

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Pyroside Tooth Powder contains Dentinol in a proper amount for regular use as a dentifrice.

For Dentists' use

For Patients' use



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No. 148

CORNER

By MASS

CORNERS have been born in many strange places—they have been written on trains, in the hospital, and under trees. This one almost came to life in a transport plane winging its bumpy way east from Washington, D. C., but is actually being delivered in a New York hotel bedroom.

Yesterday in Washington, when the plane trip was signed for, it appeared to provide a splendid reason for putting off until later the creation of this lump of literature.

Then it seemed quite a larkly idea to do some writing for print, bathed in the roar of three great motors. The sun was shining then. The air was still. The Washington monument reflected clearly in the quiet pool before it. Across the Potomac, Lee's home at Arlington sat solidly in its green nest—green tinged here and there with Autumn's signal flags.

Nearby the vast Commerce

Building, now an aviary for the Blue Eagle's brood, General Hugh Johnson's stout citadel, squatted heavily upon the face of the earth.

And, seeming a part of the firm and stable landscape, even the planes winging blithely in the blue above appeared to offer the same sort of sure footing.

So, early this morning, glowing with pending parenthood, this department, loaded down with sharpened pencils and a cup of coffee, leaped aboard an Eastern Air Transport plane, hurried to a forward seat between the propellers, and gaily lowered into leathern cushions one hundred eighty pounds of literary yearning.

The great plane, completing a leg of its journey from the West, had landed prettily. Washington passengers' baggage, including this little red typewriter upon which so many Corners have clattered onto paper, had been stowed snugly within a hollow wing.

Everything was at hand for colorful composition. Just overhead lay quiet the needles that would soon tell altitude and speed. A few feet away there stood ajar the door of the pilots' compartment; both pilots lolled at ease, each inserted cosily in a mess of fascinating dials and mysterious levers.

Nearby, in the general cabin, a coffee urn softly exhaled an inviting aroma. And—hovering over all—a gorgeous Titian blonde, trim in glove-tight blue uniform, smiled the hospitality of the Eastern Air Transport. And broke the early morning social ice with little packets of free chewing gum, and cotton plugs for ears that might not be able to take it.

Outside the tiny window the left prop, shaking off its lazy idling hum, broke suddenly into a frenzied roar in wild chorus with the other two.

The fat wheel in sight below started rolling forward with the determined air of a planet rushing toward eternity. Startled weeds hugged the ground in sudden panic, rose then in relief as the rubber tire, its duty done, lifted from the earth and spun slowly to a wobbly stop.

Inside the cabin, the grim dials overhead clocked the rising altitude, the increasing speed—five hundred feet up, seven hundred,—sixty miles an hour, eighty, a hundred; the altitude needle touched a thousand feet—at a hundred twenty.

The publishing stomach, grown vaster with the nutrition

of the years, trembled in unison with the vaccillating needles. Always quivery in nautical environment, even in fast elevators, it writhed now in tune with throbbing motors.

But a look outside was reassuring. The green and russet forest of Arlington seemed comfortably close. For all the roaring, for all the frantic throbbing, we seemed to laze along in air that was strangely substantial, pleasantly smooth.

The Capitol slid slowly from sight; the Potomac curled beneath, a dull silver ribbon splotched with dank green patches, as of verdant slime in the shallows; close-packed tiny houses thinned to open fields, and farmsteads—and there a little woods with a clearing in it, and a little wooden church, and gravestones, so tilted by the years as to look from above almost as if some had sunk flat to the earth.

An arm reaching up for the writing pad and one of the store of pencils was touched lightly by an unexpected hand—fingers with nails fashionably reddened. It was the tight blue uniformed Titian blonde, murmuring, "Don't forget to fasten your safety-belt before we start landing at Baltimore."

When you are cursed with a vivid imagination a reminder like that starts a hurtling train of thought, of the plane careening crazily to disaster, an unhappy, a distressingly unhappy landing.

The pencils stayed where

they were; the pad's virgin pages remained so.

Red-nailed fingers proffered an open tin of cigarettes, but none were wanted. By now, air-pockets, those queer ruts in the sky roads, were bringing back the abdominal quivers. Sinking suddenly, now and then, the so comfortable seat became like an unexpectedly tilted rocking-chair. And this writing was forgotten.

But the sky roads became smooth again, and the safety-belt dangled unheeded.

Below there spread the green and golden brown of the Maryland countryside, crisscrossed with pale grey narrow roads.

Then—drawn hurriedly between the plane and the earth beneath—a great rough thin curtain of foggy vapor. Unseen hands tore holes in the veil and fields and woods appeared, framed in the ragged mist.

The scudding vapor thinned to nothing, vanished, and the landscape lay clear and bright, and inched away behind us.

Now came the edges of another fog bank, then great rolling billows of thick white and soon we were sailing in an ocean of it, stretching away on all sides, endlessly, like mountainous waves in a sea of milk, weirdly still, as though a storm-tossed white Atlantic paused with great wave crests suspended motionless.

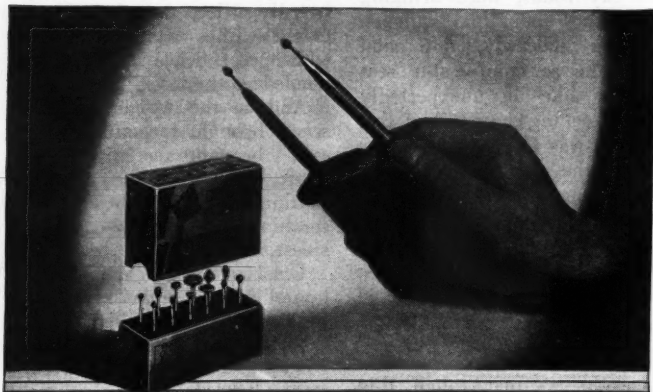
And so the wonder of the scene brought forgetfulness of self, brought serenity and peace, and then the motors' rhythmic throbbing became as soothing music, bringing drowsiness, and sleep

Until a large and active housefly, walking briskly upon nose and ear, filled with thoughts of grandeur at having come up so near to heaven, stopped the dreaming.

Newark air field, all bones intact, but the Corner still unborn; and a vision of this imprisonment in a hotel bedroom, concocting these pages, eyes turned away from the beckoning illumination of a New York night.

a Dentist

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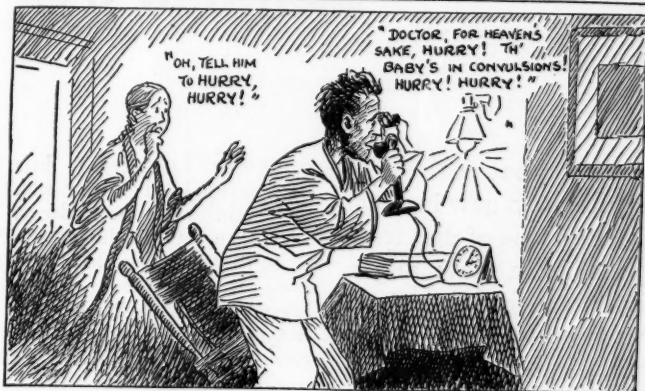
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Dentists in the Chicago district report that a number of patients owing money came in, mentioned this cartoon, and paid.

NOVEMBER, 1933

1631

Caries with Calcareous Deposits —and Why?

By V. H. SPENSLEY, D.D.S.

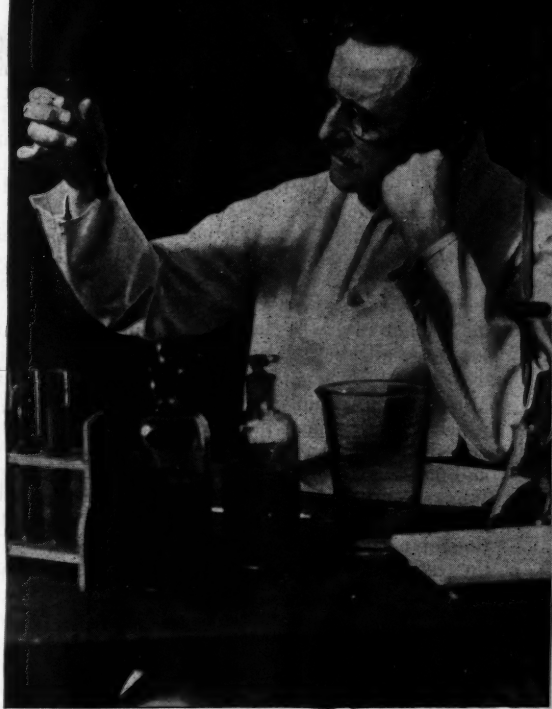
"My great desire is to stimulate a new interest in the value of diet from possibly a new angle, and to encourage others to keep striving to approach more closely the Utopia desired by those practicing any of the healing arts."

●

WHEN the unqualified statement, "A clean tooth will not decay," is made, it is very evident that certain systemic conditions, which are very important factors in regard to the causes of carious conditions, have not been fully taken into consideration. A clean tooth, in so far as bacteria and débris are concerned, will decay when immersed in a decalcifying saliva. We have all seen the teeth of individuals who are extremely

industrious in keeping their teeth scrupulously clean with cavities in them, due to decay, on the buccal and labial surfaces. It is also possible to have more than sufficient calcium in our bodies to maintain a perfect calcium reserve and still be subjected to the diseases due to a calcium deficiency. This is true when the calcium is not sufficiently kept in solution in the soft tissues and body liquids.

I should like to make a plea to the profession not only to make use of the necessary measures to insure a calcium sufficiency, but also to show how that supply may be kept in solution because it is perfectly obvious that, unless it is kept in solution, its value is lost as far as retarding caries is concerned. I shall also endeavor to make clear the fact that, while building up a calcium reserve is necessary, a sufficient and proper sodium combination is also advisable to maintain a maximum degree of func-



A clean tooth, in so far as bacteria and débris are concerned, will decay when immersed in a decalcifying saliva.

tional efficiency. It is our duty to provide the necessary intelligence and advice in order that our patients, who have trusted us with their physical welfare, may acquire and maintain possession of both the supply and functional capacity.

There are sixteen well recognized elements in the human body. In the study of

these various elements and their combinations, to be successful we must consider our bodies as vast experiments in chemistry, each one different. Some things which affect one individual seemingly will not others. While the same environments, foods, and diseases will react differently according to individual idiosyncrasies,

there are comparative conditions, however, upon which certain chemical reactions will have very definite effects. If we do not provide the elements necessary to produce these effects, they are impossible to replace as there are no substitutes. Nature has shown the way. It is up to us to follow the path which, though at times obscured, is there. The more we explore, the sooner we will learn to avoid the pitfalls due to deviation.

There are certain conditions which all who have practised our profession have observed and pondered over many times. Why should an individual be subject to caries and the formation of calcareous deposits on the teeth at the same time? On the one hand there is evidently a calcium deficiency and on the other a sufficiency of this element. The only logical cause for this paradoxical condition I have been able to discover is: *In order to absorb the calcium, there is of necessity a chemical union followed by a disunion, owing to the lack of one or more elements or their combinations, causing a faulty chemical process within our own systems. The calcium is thereby thrown out of solution before it has an opportunity to perform its normal functions.*

Our problem, therefore, is to discover a means of providing a combination of elements which will "maintain serum calcium at a high level.... The resemblance (serum calcium)

was heightened if *acid sodium phosphate* was injected"

The second part of this quotation offers proof that a proper combination containing sodium has a direct influence on increasing the solubility of calcium.

We human beings have been equipped with certain instincts governing our methods of living. However, in our present state of civilization, we pride ourselves on being far removed from mere animal instincts. Well and good, providing we make use of the foods that our science, which should be and is a highly efficient substitute for instinct, teaches us will provide the elements necessary for certain metabolic processes.

The statements just quoted from the writings of men, whose findings we have not the slightest reason to question, prove that a specific sodium salt will increase the solubility of calcium. Therefore, we should prescribe some sodium-carrying foods for conditions in which calcareous deposits are the causative factors of pathological conditions. Some of the best are celery, spinach, sprouts, fresh strawberries (if naturally and perfectly ripened), peas, carrots, okra, beet tops, radishes, asparagus, figs, milk, whey, cheese (especially Roquefort), egg yolk, horse radish, lentils, fish, and oysters. The whole cabbage family is rich in sodium

*Peters, J. P., and Van Slyke, D. D., *Quantitative Clinical Chemistry*. Baltimore: Williams & Wilkins Company, 1932. p. 814.

but not so advisable because of the sulphur content. Apples carry sodium but also malic acid, formed by the oxidation of carbohydrates, peculiar to the fruit.

Some readers may have concluded, due to the subject, that the writer is "just another vegetarian." This is decidedly not the case. I never prescribe a sodium-carrying food diet without advising the eating of meat at least once a day, not only for its chemical reaction but also because I believe our cuspids and bicuspid were placed in our mouths for the mastication of meat. I arrange the diet list so that the ratio is about one of meat to eight and one half that of other foods. That is the same ratio of the acid sodium phosphate to the alkaline sodium phosphate necessary to obtain a hydrogen ion concentration of 7.4, when made up with physiological salt solution. I also advise the eating of some sea food once or twice a week for its phosphorus,* iodine, and other contents, more easily assimilated from this source of food values than from any other.

Mathews in *Physiological Chemistry* explains in the following quotation why meat is a proper food to insure a sufficient amount of the calcium solvent sodium dihydrogen phosphate: "It (phosphorus) is present as the disodium and

monosodium phosphates and free phosphoric acid, the relative amounts of these substances depending on the character of the diet. On a *heavy protein diet* the urine is acid, due in a large measure to the sulphuric and other acids formed from the meat. Under such circumstances there will be more free phosphoric acid and of the *monosodium salt*."*

In *Quantitative Clinical Chemistry*, quoted previously we find these two statements which prove the value of meat consumption. "Anything which tends to produce acidosis or to provide a more acid medium in the intestines exerts a favorable influence on calcium absorption because it transforms calcium phosphate, carbonate, and soaps into soluble calcium salts"

And also, "Sherman and Pappenheimer and others have shown that rickets can be produced in experimental animals by the administration of diets deficient in phosphorus and that the disease can be prevented or cured by injection of *acid sodium phosphate alone*."**

I have in mind one patient whose case history is more outstanding than some others and proves the value of a sodium-carrying food and meat diet. Until about fifteen years ago he was subject to caries and also had prolific calcareous deposits

*Dr. Harold F. Hawkins of Los Angeles, California, has shown how important phosphorus is in his excellent contribution to science, *Dental Nutrition*—V. H. S.

*Mathews, Albert P., *Physiological Chemistry*. Ed. 3. Wood, 1921, pp. 754-755.

†Peters, J. P., and Van Slyke, D. D., *Op. cit.*, p. 806.

***Ibid.*, p. 830.

on his teeth. He was a fairly strict vegetarian. At that time, due to a change of environment, he began to eat meat at least once, and sometimes twice, daily. Many of his fruits and vegetables have been of the sodium-carrying type. He has had only one decayed tooth since his change of diet and that was evidently due to a hang-over from the conditions caused by his previous methods of eating. His mouth has been practically free from calcareous deposits.

I fully realize this appears to be an attempt to contradict some who have conscientiously advised against the consumption of meat by those suffering from diseases due to calcareous deposits.

But we are now dealing with the chemistry of our bodies and the findings from experimental research by others, together with my own clinical observations of cases such as the one just mentioned, prove to my own satisfaction, at least, that abstinence from meat and other proteins aggravates rather than relieves the condition.

To digress from observations which pertain strictly to dentistry, it has been my opportunity to watch the results of sodium-carrying and meat diets in two interesting cases of gall stones. One is that of a man 73 years of age whose attacks began to occur every thirty days, about three years ago. His physician prescribed the type of food mentioned in this

paper. The attacks are getting farther and farther apart, the last one occurring about seven months ago.

The other case is a woman about forty years of age. She has been eating with the same dietary precautions for nearly two years and her attacks, at one time occurring every four to six weeks, are now three and four months apart.

While neither's mouth conditions are perfect, there has been considerable reduction of the calcareous deposits in both and of caries in one. In other words, problems of the dentist are problems of the physician. The only difference is the location of the pathological conditions.

There is another angle, dealing with the value of sodium dihydrogen phosphate as a solvent. "Potties has described a calculus (salivary) with a central portion composed chiefly of uric acid crystals and a periphery portion containing 69% of calcium phosphate and 20.1% of calcium carbonate."*

In this case, with the necessary amount of acid sodium phosphate present, there undoubtedly would have been an alleviation of the condition, at least, because this calcium-solvent also increases the solubility of uric acid. "The presence of sodium diphosphate in the solution makes it (uric acid) much more soluble."**

*Roburg, O. T. "Sialolithiasis." *Annals of Surgery*, Vol. 39, 1904, p. 669.

**Wells, H. Gideon, *Chemical Pathology*: 5th ed. Philadelphia and London: W. B. Saunders Co., 1925. p. 381.

In summing up the points of this paper, I want to call attention to:

1. The paradox of caries and "tartar" present in the same mouth at the same time.

2. The findings of unquestionable authorities substantiating the statement that acid sodium phosphate stimulates the solubility of calcium and thereby increases serum calcium.

3. The value of meat in diets to maintain a sufficiency of acid sodium phosphate which not only increases the solubility of calcium salts but also uric acid.

4. Citation of specific cases,

First National Bank Building
Albuquerque, New Mexico

proving the value of sodium-carrying, phosphorus, and protein foods in several cases, where the causative factor is calcareous deposits.

My great desire is to stimulate a new interest in the value of diet from possibly a new angle, and to encourage others to keep striving to approach more closely the Utopia desired by those practicing any of the healing arts.

AUTHOR'S NOTE: I wish to extend my appreciation to J. D. Clark, Ph.D., Veon Kiech, Ph.D., both of the University of New Mexico, J. R. Van Atta, M.D., and M. P. Beam, M.D., for the unlimited use of their comprehensive libraries, without which this paper would have been lacking in its most important references.

THE WINNER



This is Dr. Irving N. Troup, of Olean, New York, who won the American Dental Association trapshoot held in Chicago during the Chicago Centennial Dental Congress.



Dental Bills to Uncle Sam

"Dental care for all classes of persons on relief" has been quite a problem for the past four years. Emergency dental clinics, hospitals, welfare organizations, etc., limit their work to certain classifications of patients. As a result, persons not under these classifications have been dependent on the good nature of dentists in private practice.

The dental profession has responded nobly, but the government, realizing that relief may be necessary for some time, has made a ruling to provide relief for many who sorely need it.

The rulings issued under Bulletin Number 7 by the Federal Emergency Relief Administration are rather flexible, and regulations will be made in each state by the state relief administrator. These administrators will consult with the officers of the various state dental, medical, and nursing associations and set up prices, rules, and regulations for that state.

Here are extracts relating to dentistry from Bulletin Number 7, which can be secured from the Federal Emergency

Relief Administrator, Washington, D. C.:

POLICY:

A uniform policy with regard to the provision of medical, nursing, and dental care for indigent persons in their homes, shall be made the basis of an agreement between the relief administration and the organized medical, nursing, and dental professions, State and/or local.

An agreement by the relief administration to recognize within legal and economic limitations, the traditional family and family-physician relationship in the authorization of medical care for indigent persons in their homes; the traditional physician-nurse relationship in the authorization of bedside nursing care; the traditional dentist-patient relationship in the authorization of emergency dental care.

An agreement by the physician, nurse (or nursing organization), and dentist to furnish the same type of service to an indigent person as would be rendered to a private patient, but that such authorized service shall be a minimum consistent with good professional judgment, and shall be charged for at an agreed rate which makes due allowance for the conservation of relief funds.

The policy adopted shall be to augment and render more adequate facilities already existing in the community for the provision of medical care by the medical, nursing, and dental professions to indigent persons. It shall imply continuance in the use of hospitals, clinics, and

medical, dental, and nursing service already established in the community and paid for, in whole or in part, from local and/or State funds in accordance with local statutes or charter provisions. Federal Emergency Relief Funds shall not be used in lieu of local and/or State funds to pay for these established services.

PROCEDURE:

Written order—All authorizations for medical, nursing, and dental care shall be issued in writing by the local relief officer, on the regular relief order blank, prior to giving such care.

Accessory services—Emergency dental care and bedside nursing service, for indigent persons in their homes, may be authorized subject to the existing general policy of the State and/or local relief administration.

Dental care shall, in general, be restricted to emergency extractions and repairs. Dentists and dental care shall be subject to the same general restrictions indicated for physicians under regulation.

Fee schedule—The agreement between the State and/or local relief administration and the organized professional groups of physicians, nurses, and dentists, State and/or local, established under regulation 1, shall include a fee schedule covering the basic and special services outlined in sections (b) to (f) inclusive, of this regulation. In the interests of simplified accounting, it is suggested: That a flat rate be established, on a per visit basis, for the usual care given to acute and chronic illness, for attendance at

confinement, for emergency extractions, etc.

This schedule shall only apply where the expenditure of Federal Relief Funds is involved and shall not preclude the payment of additional amounts from local funds.

Bills—Physicians, nurses (or nursing organizations), and dentists who are providing authorized medical care to indigent persons in their homes shall submit to the local relief official, monthly (within 10 days after the last day of the calendar month in which such medical care was provided), an itemized bill for each patient. Each bill shall be chronologically arranged and shall contain at least enough information to permit proper audit (i.e., name, age, and address of patient; general nature of illness or diagnosis; whether home or office treatment; dates of service, and status of case at end of month—cured, sent to hospital, dead, needs further care, etc.) Bills for medical care shall be accompanied by the original written order for such care, except for cases in which medical service under an authorization has not terminated during the calendar month covered by the bill, in which cases the bill shall show, in addition to the details required above, the date and serial number of the outstanding order. Retroactive authorization shall not be issued or honored for payment.

Dentists expecting compensation are warned not to proceed with any work for a patient "on relief" unless all provisions of this ruling have been carried out.—*W. Earle Craig*

BROTHER BILL'S LETTERS

Series IV—No. 3

By GEORGE WOOD CLAPP, D.D.S.

MY dear John:
On Tuesday I went over to see Dick, as I had arranged by telephone, and spent the day in his office. After a day in your office it was like stepping into another world. There were two girls there besides Dick, and he and they appeared about as busy as in normal times. The office had a prosperous look that was

actually shocking. A patient was in the chair when I went in and another came before that appointment ended.

When this latter person had gone, Dick came out and sat down and expressed his pleasure at the visit.

"Dick," said I, "for a good many years I've wanted to see how your office was run. From what I've seen so far, I guess



*"Records of all patients
were very carefully stud-
ied."*

I should have come long ago."

Then we fell to talking of many things, but finally the contrast with your office affected me so powerfully that I said, "Dick, if you don't mind, I wish you'd tell me just how hard the depression has hit you."

"I don't mind in the least," said he, "but I really don't know. I do know, however, that it has not hit me nearly so hard as it tried to or as it looked for a while as if it would."

"Until the summer of 1931," said he, "we didn't know there was such a thing as a depression, and, except for what I read, I had no idea of its magnitude. The summer was quiet. In the fall, when practice should have begun to pick up, it didn't gain at all but kept sagging. Finally it practically stopped. And then we knew what 'depression' meant."

"It was the beginning of the football season, and I suppose the proper term to use is to say that Miss First, who has been with me fifteen years, and Miss Second, who has been here ten years, and I went into a huddle. We made up our minds that there were two main

causes for the cessation of practice. First, the buying power of our patients had been seriously reduced. Second, they were using what buying power they had for things other than dentistry.

"It was up to us to do two things promptly. One was to bring dental service within the financial reach of the lower buying power of as many of our patients as possible—all of them, if we could. The other was to make dentistry so attractive that, when selecting among

things they had to do, they would be sure to include it.

"We decided that the first thing was to reduce fees and to do it frankly, plainly, and immediately. The second was to make the terms of payment suitable to conditions as we had suddenly learned to look at them. The third was to make our story and service so persuasive they couldn't be resisted.

"We didn't know how much to reduce fees, but we decided on a flat cut of 20 per cent for rich and poor alike. We were finding that the dividing line between rich and poor was not so sharp as it had been, and



"For years we have had certain patients on regular call."

that many who had recently been extremely comfortable were now extremely uncomfortable. With 20 per cent as a starting point, we reserved the right to make such other reductions as individual cases seemed to call for.

"We didn't know what to do about terms of payment, since we had never had anything of that sort. We finally decided that if service called for any out-of-pocket expense by the office, we should ask the patient to pay that as promptly as was comfortable, but that we should divide the remaining amount into monthly installments which were not oppressive to the individual patient.

"Having worked out plans for bringing dentistry within the buying power of most of our patients, as we hoped, it remained for us to devise some method of making it attractive, that is, making it something people would not fail to include in their list of necessities, even if that list were cut down a good deal. Fortunately, that required only a refinement of our regular practice, not a revolution. For years we have had certain patients on regular call and have exercised a rather sketchy sort of supervision over some of their habits, such as eating, rest, exercise, elimination, and home care of the mouth. We planned to extend and increase that supervision."

Somewhere about here I interrupted him to say, "I notice

you keep saying, '*We* did this.' Didn't you make these decisions yourself?"

"If you mean to ask," said he, "whether I worked them up out of the vastness of my own intellect, I did not. This office has always needed the best brains of everybody who works in it, and for years the girls have had about as much influence on its conduct as I have. We did these things together.

"Next we tackled the problem of keeping the office running. Each of us had long been on a salary. I drew \$100 a week, Miss First got \$35, and Miss Second, \$25. There wasn't anything like enough money coming in to pay such salaries, and, while there was something in the office account, it was evident that shortly there would not be. Each of us went into conference with himself on this problem. My wife and I had some talks about it, and she did some careful figuring as to her budget. The cost of everything she has to buy has fallen to the lowest levels in many years, and she willingly took a liberal cut in her allowance. My own decision to take a $33\frac{1}{3}$ per cent cut in salary was forced on me, and I began to be very doubtful as to whether I could earn even the reduced amount. The girls voluntarily arranged to take 20 per cent as their basic cut with whatever adjustment from week to week the condition of business necessitated.

"When I asked how they had

come to hit on this plan, they said: 'We both live at home and, while we both pay our folks board, we don't have to pay out so much cash as we should if we lived away from home. Although this is only a small city, there are hundreds of girls out of employment and willing to work for any wages, so that you can get very desirable people in our places for less than you are paying us. We don't want to lose our positions, and we're willing to work for whatever the office can pay until conditions improve. You have reduced your own drawing account about as far as you can go (later events made me laugh at that), and we're going to stick by the ship on any conditions that will keep it afloat.'

"'Very well,' said Miss First, when these things had been settled. 'Now let's plan to get some people into this office and get something going.'

"We got out records of all patients, including those who came only at long intervals and from necessity, and studied them. In a city of this size we know quite a good deal about people that we could not know in a big city, and if Mrs. XYZ is dissatisfied with your service and goes elsewhere, we are apt to learn about it. When we had eliminated those who we thought would not care to come again, we had several hundred cards. We decided to invite each of these people to the office and tell him or her why we thought he should in-

clude dentistry regularly in even the limited scope of his purchases.

"One day Miss First, who is our combination business manager, secretary and hygienist, said, 'Doctor Atby, I don't know whether you remember that the appropriation for the Board of Education was cut so much last winter that the hygienists who have been working in the schools were dismissed last spring.' I had heard it with regret, but had paid no further attention to the matter.

"'One of the teachers was over at the house last evening,' continued Miss First, 'and I heard from her that there is quite a good deal of suffering from bad teeth. We talked about the financial condition of the parents, and she said that while not many of them could pay regular dental fees, many of them could pay something while others could not pay anything.'

"We talked the matter over and then I went to the Superintendent of Schools and said, 'I understand there is a good deal of suffering among the children because of bad teeth.'

"'Yes,' said he, 'it is much worse than when we had the hygienists.'

"'If you will divide your children into three classes, I believe I can help,' said I. 'In the first class leave those whose parents you think can afford to pay regular dental fees. In the second class place those whose parents can pay some-

thing but not regular fees. In the third class put those whose parents cannot afford to pay. For the children in the second class, where the families have no other dentist, I will clean mouths, put in fillings, and take out teeth for fifty cents each, payment to be made at the close of each sitting. If those in the third class are not too numerous, I will relieve pain and do whatever I can afford for nothing.

"I believe I know what you are thinking—that I wasn't getting my expenses back on the fifty-cent group. I wasn't if you figure on the old basis, but the old basis seemed to have passed away. We had an

abundance of time. What we needed was money to pay three salaries, and each fifty-cent piece had an unaccustomedly welcome sound. You'd be surprised to know that some weeks we took in nearly enough from such service to pay the reduced amounts we were drawing.

"But here it is lunch time. I 'phoned my wife a while ago and she is expecting us."

I'm afraid I wasn't a very attentive guest that noon. I had been given so much to think about that really I couldn't be greatly concerned with the meal.

Yours,

Bill

220 West 42nd Street
New York, New York

AN ANNOUNCEMENT AND AN INVITATION

The Committee on the National Museum of Dentistry calls attention to the fact that the American Dental Association, in 1895, designated the Army Medical Museum as the repository for specimens of particular interest to members of their profession and "other educational or interesting material relative to the subject of dentistry."

This collection has grown slowly until it now consists of several thousand items, including records and photographs of Civil War facio-maxillary surgery and a large collection of similar nature from the World War.

The various sections of the A.D.A. are especially urged to stimulate interest among their members that each may be well represented in the collection. Cases should be submitted with representative slides, tissue, paraffin blocks, models, casts, roentgenographs, illustrations of treatment, and, above all, a comprehensive history, that later comparative studies with similar cases may be made intelligently.

Send all contributions and correspondence to the Curator, Army Medical Museum, War Department, Washington.

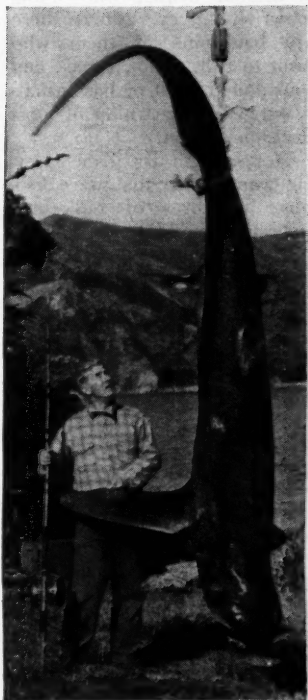
Zane Grey, D. D. S.

By FRANK A. DUNN, D.D.S.

HAD Zane Grey kept plodding the path he set out upon, he might at this moment be hearing, "This plate you made for me is no good; I can't eat with it; I can't talk with it; I can't even sleep with it. I want my money back." Or it might be, "This tooth you filled a week ago has been aching ever since. Do you think I gave you money to give me a toothache?"

And, as always happens, he would be getting this squawk in the reception room in a loud voice. In whispers he would be shush-shushing the squawker so that the patient in the chair would not get an earful.

But Zane Grey did not keep plodding the path he set out upon when he was graduated from the dental department of the University of Pennsylvania in 1896.



Wide World

Zane Grey with the 632-pound thrasher shark—one of the largest ever caught—which he landed off the coast of New Zealand.

His whole heart was not in the root canals, the dentures, the fillings, the crowns and bridges of his fellow man. He wanted to write and he wanted to fish. Here and there is an

occasional dentist who wants to write, but everywhere there are battalions of them who want to fish. Two-, three-, and four-pound trout or bass usually satisfy the yearning of most dento-fishermen.

Not so with Dr. Zane Grey. He wanted fish that were fish, huge creatures of bulk and fury that could gulp down a four-pound trout as if it were a minnow; fish that could not be caught without journeyings and voyagings, wealth, time, patience, and skill. Such fish could hardly be had even through the mouths of a select clientele—and his clientele in those years might be more accurately referred to as customers.

He would write a book. This was three or four years after he had opened a dental office in New York. The environs of a dental office were not stimulating to literary inspirations, so he gave up his fairly flourishing practice. He believed he had sufficient money to keep him and his wife in comfort until he had clicked in the writing profession and captured fame and fortune. They moved into a small cottage in Lackawaxen on the banks of the Delaware. From now on his would be a career of literature.

He wrote a book, "Betty Zane," a tale of frontier days. The Zanes, his forebears—from whom he takes his first name—were famous pioneers. One of them founded Zanesville, Ohio, where Zane was born. His father was a backwoods-

man, a farmer, and later, a doctor. There was Indian blood in his mother. There are many who do not know that Zane Grey was a dentist. Some actually think he is a woman and that Zane is merely a variant of Jane.

The book he wrote was an interesting, well-written tale, but as a money-maker it was several laps behind the toughest root canals and dentures.

Five years of writing lay ahead, years in which there would be many days that would bring him cuffs and kicks and maulings, days of bitter disappointments, of dire distress; days even of hunger.

His wife was with him—and *for him; for him* in so many ways that without her he might never have made the grade. She was the expert second in his corner who would tell him he was winning the good fight and cheer him on toward victory when Kid Life was literally knocking him shirtless, shoeless, hatless, and figuratively smacking him down as fast as he got up. Not a few of the wallops aimed at Zane landed on his wife, but she gamely shook them off and yelled even more loudly that he'd win the fight with the next punch. The winning punch was a long, long way ahead. Before he got it across he often wished for the certain groceries that went with a fairly flourishing dental practice.

He wore out many ribbons typing his product, and he wore out many pairs of shoes ped-

dling it to various magazines and newspapers. The editors shooed him off with few if any encouraging words. But he kept high faith in himself, although money ran low. His wife held the same high faith in him, and took a job to help tide them along until Old Man Opportunity would arrive.

And at last he did arrive—or they thought it was he—in the guise of Buffalo Jones. Buffalo Jones was almost as famous as Buffalo Bill Cody. He wanted his biography written and fate threw Zane Grey across his path. Jones read Grey's book, "Betty Zane," and liked it immensely, particularly admiring his understanding of frontier life. After he had spent some time sizing up Grey to see if he was the right man for the job, he asked him to write the biography. Buffalo Jones had been fooled before in picking men.

On his hunting trip to Africa, where he went to lasso lions and tigers and rhinos and chase them around as if they were housecats, he needed an extra hand to work with his expert cowboy riders. He advertised in the newspapers. A young man applied, assured Jones that he really was a great rider, and got the job. When they reached Africa it turned out that the young man knew nothing at all about riding a horse. He admitted that he had said he really was a great rider, and he was—he had medals to prove it—but he had meant a bicycle rider. That tickled

Jones, but he wanted to make sure that he got the right man for the job this time.

Zane Grey was the right man. He packed up and went off with Buffalo Jones to Arizona. Mrs. Grey stayed in the East, gripped her job the more firmly, and took the bump like the thoroughbred she had always been, consoled by the thought that the heretofore ubiquitous wolf was now far behind, and success just ahead.

Grey spent several months in the West writing the adventures of Buffalo Jones and taking pictures of him doing various lassoing stunts with wild animals. He hobnobbed with rangers from Texas and wild horse hunters from Utah.

Then he wrote "The Last of the Great Plainsmen, Buffalo Jones." Emerson made a note in his journal, "I like people who can do things." This note was made because of a tussle he had with a calf. He wanted to put it into its stall. He pushed and pulled and coaxed and perspired, but the calf would not budge. Here was Emerson, wisest American, steeped in the world's rarest lore, confounded by a stubborn, spindly-legged baby cow. Out came the girl who worked at his home. She grinned at the great man's plight and poked her index finger into the calf's mouth. Fooled by the maternal substitute, it readily followed her into its stall.

If Emerson liked people who could do things, he certainly would have liked Buffalo



Acme

Zane Grey enjoying a few moments' relaxation in his California home.

Jones. Jones could do things, incredible things that would make you blink your eyes in bewilderment and wonder if Zane Grey were not playing with fancy instead of writing fact. Jones handled wild animals as easily as the girl had handled Emerson's calf.

You may come upon "The Last of the Great Plainsmen" some time in a secondhand bookstore. If you do, buy it and read it. It will give you a number of profitable and pleasant hours.

Zane Grey was full of his subject and he knew that he had done his best writing. If he could get it before the public he would win success. But the chief rub was to get it before a publisher—scores of masterpieces of writing had been turned down by publishers because authors could not get a proper hearing. But Lady Luck was at Grey's elbow. Buffalo Jones knew the president of Harper & Brothers, publishers, and he gave Grey a letter of introduction. That would give

him the desired reception. It did. The president received Grey with courtesy, inquired about his old friend Buffalo Jones, accepted the manuscript, and told him that it would be turned over to their reading department. He would be notified when the report was ready.

The next day Zane Gray looked for a messenger boy to come racing to his home with a request for his immediate presence at Harper & Brothers. But no word came that day, nor the next day. What could be the matter? Surely they couldn't be discussing the merits of the manuscript—there could be no question about its merits. Maybe it was a matter of advertising and royalties. That might be a problem calling for lengthy discussion. Young authors are like that.

Day followed day with no new developments, save that Grey was reaching the exploding point of anxiety, but never a moment finding his faith in himself shaken. At last came a letter from Harper & Brothers asking him to call. Of course they would be enthusiastic about the manuscript—probably they would force a large advance payment upon him. With rapid step and confident heart he entered the president's office. After a kindly greeting the president handed him the report. In effect it said that the manuscript was not suitable for publication, and that there was nothing in it to show that the

author had any talent for writing. That was the hardest punch ever landed upon Zane Grey.

He staggered down the stairs and into the fresh air. There was a lamp post at the curb and he leaned against it for support. He was wobbly and thoroughly shaken but far from licked. More determined than ever, he set out to win.

Life landed several more blows upon him, but they were mere slaps compared with the punch he got in the Buffalo Jones bout, and he laughed them off.

Had Zane Grey kept plodding the path he set out upon he would not at this moment, nor at any other moment, be the lord of a hundred thousand dollar mansion in a paradisiacal garden. He is that now, and more. Daily he brings pleasant hours to thousands. Three cheers for him!

* * *

"Mr. Grey, Mr. Zane Grey? This is the Paramount Company telephoning from Hollywood. We want another story for a picture. We must have it by next Monday. That gives you a week. We will pay you the usual \$10,000."

* * *

"Doctor Doe, John Doe? This is Meyer over at the fish market. Say, these teeth what you charged me \$35 for ain't worth 35 cents. I want you should fix 'em right. My wife, she says they make me look like a horse."

How NEW YORK DENTISTS



met the DEPRESSION

By HYMAN KLEINERT, D.D.S.

WITH nearly one tenth of the dental profession of the United States residing in New York City, the average dentist of this great metropolis is adjusting himself to the depression with a spirit that promises to lead to better dentistry and a higher ethical consciousness. Dentists at large are steadily coming down to earth, and to the realization that the road to success in dentistry must come through channels of hard and earnest work.

Instead of high pressure dental salesmanship of bygone days, dentists are content to look the patient in the eye and charge as little as commensurate with the patient's ability to pay. And down goes the clock with the hypothetical charge per hour, and down goes the intricate double-decker accounting, at least for the present.

Dentists plug nowadays those good, old-time amalgam fillings, and make those plain,

old-fashioned vulcanite plates without exaggerated rugae, without unnatural root reproduction on the labial side, and without the high-class rigmarole disported by commercial laboratories. Dentists at large, in an effort to adjust themselves to the economic conditions of the time, lean toward simplicity and practicality in their practices. Dizzy ideas of getting rich quickly from a dental practice seem to be on the wane.

Not so long ago, in the days of high prosperity, dental economic meetings drew the highest attendance. The largest halls in the largest hotels were hired for such meetings, and the lecture auditoriums were filled to capacity.

Thousands of dentists took high-power dental salesmanship courses. Money was brewing and broiling in the dental profession to such an extent that not to take a wizzard dental economic course was interpreted as being a retrogres-

sive, a back number—a good-for-nothing dentist.

Even dignified scientific dental societies, with swelled treasuries, felt the competition of the large attendance of dental economic meetings, and they, too, made every endeavor to draw thousands of dentists to their meetings. To accomplish this, hundreds of dollars were paid to prominent lecturers or men widely known in the dental world for an hour or hour and a half talk, in order to pull the largest number of dentists to their meetings.

To the calm observer, most of such highly advertised dental meetings were plain fiascos. It was especially evident when well advertised meetings were arranged by our honorable scientific dental societies, and on occasions when world famous dentists were supposed to lecture. Dentists arrived at such stupendous meetings in limousines presumably to listen to men of renown, but ostensibly to display the beautiful furs of the fairer sex who so often accompanied them, or talk real estate, stocks, bonds, and shop braggadocio.

At present, dental scientific meetings are modestly attended. There is no longer exhibitionism of prosperity. This kind of dentist now stays at home. The quiet, earnest, unpretentious type of dentist, fundamentally interested in dental science, constitutes the audience at dental meetings. The hullabaloo type is gone.

On the other hand, dental clinics are well attended, especially demonstration clinics given in dental depots by dental manufacturers. The average dentist is at present interested in the new ideas in dentistry which have immediate practical and economic value.

Demonstrations in amalgam and silicate manipulation and restorations are well attended. Likewise, there is a great interest in new methods of casting from an economic angle. A lively interest is also shown at demonstration clinics in the new denture materials, and new, simplified laboratory technique, which is also viewed from an economic angle; namely, to render to patients greater service for a price slightly higher than vulcanite.

In other words, the trend of present-day dentistry, as generally evidenced, is toward retrenchment, toward the kind of conservative dentistry that is based on rugged simplicity, common sense, and a resolve to render genuine service to the public for the price they can afford to pay.

Aside from the tendency toward practical dentistry, the depression has radically changed that mercenary atmosphere which so generally prevailed in the prosperous years in many dental offices. There is a general inclination and willingness on the part of the average dentist to render free dental service to the unemployed. Moreover, dentists who have been in practice

since the predepression era are confronted by many former patients who in the past paid promptly, but who at present, have either lost their money or are out of work. To these the average dentist feels obligated to render dental service either at cost price, or to ignore the bill for the time being.

Such compassion on the part of dentists as the render-

ing of generous dental aid to those scathed by the reverses of the times, emanates from the war against depression. It is a spiritual satisfaction that is worth a thousandfold the value of money. It makes life worth living when a dentist, improverished himself by slashed income, is still able to help his fellow man in the line of his chosen profession.

Ocean View Avenue
Brighton Beach, New York

THE "NEW DEAL" IN DENTISTRY

When we make a survey of the time that the dentist spends in his office we find that he gets very little remuneration for his long hours. This, I would say, is not the fault of the patient but rather of the dental practitioner himself.

The old-time dentist (particularly the neighborhood practitioner) did not make any appointments; if he did, the patient generally came two or three hours late. At times he had to wait until 9 or 10 in the evening before closing his office. Even within the last ten years the dentist did not sufficiently stress the importance of keeping appointments; as a result, the patients were negligent and failed to observe their appointments.

Because of the dentist's inability to stress the importance of punctuality the average practitioner today is spending more time in his office than the business man or clerk. At present the neighborhood dentist's office hours, including evening work, are entirely too long, thus, denying them of sufficient time for recreation and research. This existing condition can easily be modified and improved by the dental profession, but only through the cooperation of all practitioners.

I believe that the time is ripe now to reduce these tedious office hours. This will give more time for pleasure and recreation, as well as facilitate more research and study. Furthermore, this will elevate the status of the dental profession as a whole. Neighborhood dentists especially must organize locally into clubs and determine their office hours and other economic problems confronting them. The most opportune time is the present.—J. E. OPPER, D.D.S., *Cleveland*



Dangle the Spectre!

By L. B. Podis, D.D.S.

DENTAL statisticians, like the poor, we shall always have with us. These learned gentlemen, with minds attuned to figures, have delved into past records and apprise us of the fact that even in former boom times only about 5 per cent of all dentists practicing in this country had reached the very summit of success in earning power, such success being gauged by about a \$10,000 a year or more income. The vast majority of dentists, some 75 per cent, were content (had they any other choice?) with as little as \$3,000 or \$4,000 per year gross revenue.

What a serious indictment of dentistry, in contrast to the swollen incomes produced by almost any other business in the good old days! The only consolation the dentist has in resigning himself to such a meager income is, of course, the knowledge that in working for humanity "man needs but little here below." Thus we bring our old friend Altruism into the picture, that martyred saint upon whose altar all the woes of hard-pressed dentists are laid.

This little discourse will not for the present concern itself with the "lower bracket" dentist. It will, rather, deal with the man who formerly enjoyed a large lucrative practice, the man who by keen intellect in advocating and "selling" his personality, as well as the higher types at dentistry, must be stamped a student of psychology in analyzing the characters of various patients. This man, in my opinion, is in a position to assume leadership in times like these to bring about a revival of dental practice.

The erstwhile "upper bracket" dentist, like many of his formerly affluent lay brethren, is hard hit today, and literally wallows in a slough of despondency. In the past ten or fifteen years he had built up an enviable practice. He had obtained a reputation for doing the best type of work by keeping abreast of the new era in dental restorations, and, on the basis of a consequent lush income, he had indulged in the luxuries of life. His activities included a golf club membership, an active part in furthering the interests of his church



and perhaps a bridge or pinochle club, all of which cut heavily into his old-age retirement funds. He had also invested in a costly car, moved to a fashionable section of town, and otherwise keyed up his expenses to the saturation point.

Whither now to turn for our "upper bracketeer" who, in the past three years, has made heroic efforts to stem the tide of financial reverses by cutting here and there, denying himself things he never dreamed he could get along without, and who, in spite of everything, sees a five dollar drop in revenue for every dollar curtailed in expense?



Our friend the former \$10,000 a year man is puzzled at his inability to make ends meet today. He walks as in a dream, scarce believing that he who had built up a practice earning thousands, who had established a fertile field from

which to draw upon in his declining years, should now compare his income with that of a first year graduate.

The solution to the problem confronting us today in this: while in former times it was unnecessary to go out of the way to promote a following, today we must follow the steps of present-day successful businesses and exert special efforts in building anew the foundations of our practice. Not in a bold unethical way should this be accomplished, but in a manner befitting a profession ranking close to medicine in alleviating human ills.

In our daily contacts with patients we see the results of focal infection. Therefore, we must pass on to the layman the vivid picture of cardiac ailments, the ravages of rheumatism, the impairment of bodily functions, physical and mental, arising from prolonged neglect of the teeth. Dangle the spectre, if you please, of life itself foreshortened by procrastination which in our eyes is criminal—to the layman, of little consequence.

True, the situation as it presents itself today is one in which the public's income is greatly curtailed. Wiser heads than ours cannot solve the economic problem. People cannot and will not spend freely for dental restoration. They must be prodded into action by education of the cardinal principles of good health and they should be mustered in sufficient numbers to take care of pressing

dental needs, thus offsetting the loss of income formerly derived by expensive restorations.



Your dental society plays an important part in this propaganda for better teeth among the millions whose mouths are now in a deplorable state through lack of attention. Thanks to the aid of members experienced in preparing papers, you may obtain a well-defined talk on dental subjects and drive home to your church body, your Parent-Teacher Association, your lodge or fraternal organization, and even private groups of individuals and yourself, the salient point that the relationship of good teeth and good health is *not* dependent upon expensive dental work, but upon minor operations which are within the scope of preventive dentistry.

Your dental society has a set of illustrated slides and a projection machine which may be loaned to you and which will reveal to the layman things he never dreamed could be accomplished in the field of esthetic dentistry. You will be surprised to learn how easy it is to explain the pathologic and corrective phases of faulty occlusion, the mechanics of focal in-

fection, nutrition values of foods for children, and other kindred topics which women especially "go for" in a big way.

In a manner similar to that of the dentifrice and mouth wash manufacturers we can present our subjects even more forcefully since they bring actual personal contact with the dentist.

And today, when patients come in for an examination and estimate, remember that, for the time being, people are not interested in high-priced restorations. Remember that a good alloy filling paid for today will preserve a tooth lost tomorrow as a result of the patient "saving up" for an inlay. If a majority of the people can obtain dentistry at non-prohibitive prices it will not only keep the dentist out of enforced idleness, but will also help remove the sinister shadow of socialized or state dentistry now looming large on the horizon in view of increased government activities.

In summing up, these are the salient facts in the situation today: first, we find a public lethargic to its dental needs not through fear of pain in dental operations, but due to the economic factor. Second, paradoxically enough, people are spending many times the cost of urgent dental care for non-essentials and luxuries—as witness beauty shops, entertainment, cosmetics, automobiles, etc., clearly indicating that the purchasing power of all classes is not entirely gone. Third, the public's apathy to its dental



needs must be overcome—an artificial means of stimulating
12434 Cedar Road
Cleveland, Ohio

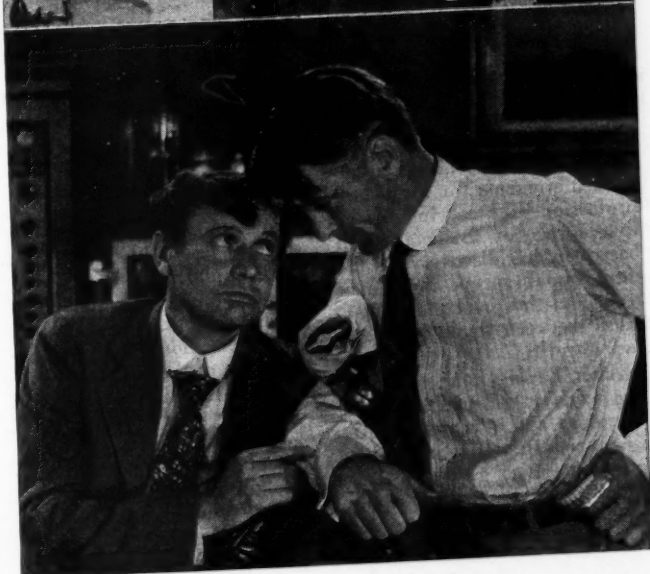
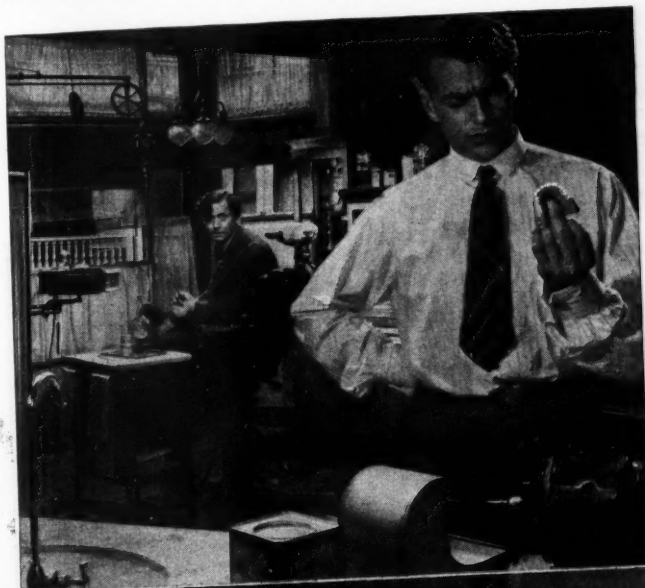
dental work must be substituted for the characteristic aloofness of the dentist to missionary work. Fourth, this can best be accomplished by broad publicity in various ways—dental society sponsored newspaper columns, radio talks, and the action itself of dentists who are influential in the community in presenting the dangers of neglect directly to their listeners.

"ONE SUNDAY AFTERNOON"



Here's Gary Cooper playing dentist in the recently released Paramount movie, "One Sunday Afternoon." Cooper is cast as a Gay Ninety practitioner. There are some more "stills" on the opposite page.

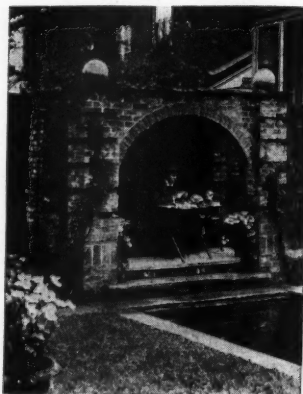
Please don't write ORAL HYGIENE that Gary has, miraculously, secured some equipment and material which other Gay Ninety dentists were born too soon to know about. We noticed it, too!



By L. W. DUNHAM, D.D.S.

The BEGINNING *of a* GREAT WORK

•



Doctor Williams at work in his garden in England.

IN going over some of the effects of Dr. J. Leon Williams the accompanying photograph was found. It is historical in the sense that it shows Doctor Williams at the beginning of one of his greatest achievements for the dental profession—the carving of the first forms of artificial teeth based on his discovery of the three typical forms in human teeth and the principle of harmony between tooth form and face form.

After having done outstanding work in science, art, and literature and at a time of life when, rich in honors, most men are content to rest and consider their best work done, Doctor Williams embarked on a campaign to improve the

forms of artificial teeth. It meant the sacrifice of leisure which he had richly earned and was singularly fitted to enjoy, giving up one of the finest practices in London, leaving the quiet, more or less sheltered life of the successful professional man in England, and practically beginning life all over again. Truly, a striking example, as well as an inspiration to all the young men in the profession.

What Doctor Williams accomplished in the study and

production of tooth forms and the influence of his work on the profession of dentistry are too well known to require elaboration at this time.

The photograph was taken in Doctor Williams' garden at the rear of his home and offices in London. He often spoke to me of the happy hours he spent there and of his longing to return, but circumstances and the condition of his health made the trip inadvisable.

220 West 42nd Street
New York, New York

Dentistry is the richer for Doctor Williams' many contributions; many individual members who were permitted to know him intimately will echo Shakespeare's lines from "Julius Caesar":

"His life was gentle, and the elements

So mixed in him, that Nature might stand up

And say to all the world, 'This was a man!'"

A MODERN TEXT ON ORTHODONTIA

From the thoroughly competent pen of Robert H. W. Strang, M.D., D.D.S., whose teaching associations with his chosen specialty of orthodontia have been many and distinguished, now comes an authoritative volume which embodies in both text and illustration not only the theories but also the well proven practices of this highly necessary specialty.

The growing need of orthodontic treatment and the ever-increasing consciousness on the part of the public as to its basic importance in child welfare and psychology makes the appearance of such a volume most timely.

At once in the introduction and dedication of the volume is evidenced the high idealism and the expressive language of the author—promises completely fulfilled on every page of the volume itself!

Particularly worthy of comment is the study of the bearing of child psychology on the development of all sorts of facial, including dental, malformations and irregularities.

Containing nearly six hundred excellent illustrations and gotten out with that excellence of the printers' art for which Lea & Febiger have long been noted this *Textbook of Orthodontia* will be welcomed as a helpful landmark and guide in this rapidly growing specialty of dental practice.

How the Red Cross HELPS



Dental needs of underprivileged children are cared for by the Red Cross.

ONLY through the perspective of an older generation can the young dentist realize the advance that twenty years have made in popular education on the subject of dental health. Two decades ago the parents who gave thought to the preservation of their children's "baby teeth" were few and far between. Dental clinics and oral hygienists in our public

schools were unknown quantities. In all too many rural communities, where all the essentials of a balanced ration were to be had almost as freely as air and water, faulty diet was dimly in evidence every time a youngster exposed his teeth.

That a more encouraging picture is presented today is due in very large part to the wide-awake and public-spirited at-

titude of the American Dental Association, which has consistently promoted the cause of health education by participating in the work of various welfare groups. Particularly has this been true of its cooperation with the public health nursing service of the American Red Cross and the program of the chapter nutritionists. Both the public health nurse and the nutritionist have broadcast the relation between proper food and sound teeth, and often the school nurse has paved the way for annual dental inspection and periodic clinics. In the forward-looking communities where school budgets could be stretched to include the services of such specialists, oral hygienists have followed frequently in the footsteps of the public health nurse.

In those places where nurses have been at work over a period of several years, the advance in the popular attitude toward dentistry is plainly evident. Concrete results of the nurse's campaign for better understanding of the connection between corrective dentistry and maximum health are indicated in the reports which show an increasing number of defects corrected.

Nor has the propagation of dental hygiene been restricted to the rising generation. Adult education has been promoted

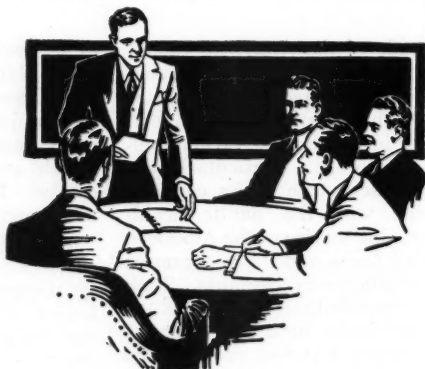
in hundreds of communities, by Home Hygiene classes given by Red Cross instructors. Among the subjects covered in this course are the preservation of health and the prevention of disease. Diet, as it affects the teeth and the gums, is thoroughly explained.

Local dentists have generously cooperated, through the period of the depression, with the health programs of their communities, often taking care, without pay, of the dental cases discovered by the school nurse, or at nominal costs of twenty-five or fifty cents. Sometimes where these nominal charges are made, the American Junior Red Cross, in which are numbered some 7,000,000 pupils of our public, private, and parochial schools, has provided the funds for the dental needs of underprivileged children.

Thus, side by side, the public health nurse and the dentist work in a common cause, the broadcasting of health education and the correction of physical handicaps.

The Public Health Nursing and Home Hygiene Service of the American Red Cross, like its other activities, is supported by the volunteer contributions of the American people, pledged annually during the Roll Call period, this month, from Armistice Day to Thanksgiving.

By HERBERT
J. RIVERS, D.D.S.



Again —RECIPROCITY

DISCUSSIONS of reciprocity are occupying much space in the publications of today. This, it seems to me, is as it should be, for the only way to arrive at a satisfactory conclusion is through honest, sane, and sensible discussion. Every man practicing the profession of dentistry has his own pet ideas regarding a mutual feeling between the States, and, to be broad-minded, it is essential to weigh each man's opinion carefully so as to determine its respective merit.

In an article published some time ago in *ORAL HYGIENE*,* I related my experience in attempting to obtain a license to practice in one of our states. That article was inspired by one written by Dr. Louis R.

Siegel, of Cleveland, entitled, "Aren't We All Americans?"* Since then I have read with interest quite a number of opinions, one of which has forced me to take up the issue again.

Dr. Minor J. Terry, Secretary of the State Board of Dental Examiners of New York, states:

Most of the letters and articles appearing in *ORAL HYGIENE* set forth the views of disappointed applicants who have made attempts to transfer their licenses to other states. These letters and articles for the most part attack Dental Boards of the various states on the grounds of fostering a close corporation.†

About two years ago I made application to the New York State Board, and was refused, and the first refusal was *not* on the grounds of reciprocity, for

**ORAL HYGIENE*, July, 1931, p. 1453.

**ORAL HYGIENE*, November, 1930, p. 2422.

†*ORAL HYGIENE*, June, 1933, p. 893.

reciprocity was not asked for or even mentioned in the application. I was refused because the Board would not accept a graduate of a class A school.

(Incidentally I was told later by a prominent faculty member of one of New York's dental schools that the class rating of schools did not mean anything.) I am a graduate of Vanderbilt University, in Nashville, Tennessee, which was at the time of my entry and graduation a class A school.

Later I applied the second time and was rejected. This time the refusal—addressed to a friend who interested himself in my behalf—read as follows:

Inasmuch as we were unable to accept Dr. Herbert J. Rivers' application for the endorsement of his Florida dental license under the six year clause, I am returning to you herewith his dental fee of \$25.00.

Now the point that I wish to emphasize is this: I did not ask New York to reciprocate with me in any way. I did not ask New York to give me a license. But I did ask to be allowed to take the examination. If I did not pass it, that was my misfortune. And, reciprocation or no reciprocation, I think it unjust and unfair, and beside the issue entirely, to refuse a graduate of a reputable school the right to examination.

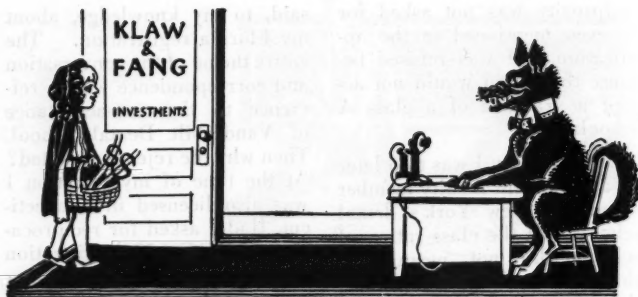
In all my correspondence and talks with New York men nothing had been written or

said, to my knowledge, about my Florida registration. The entire theme of the conversation and correspondence was in reference to the non-acceptance of Vanderbilt Dental School. Then why the rejection quoted? At the time of my rejection I was also licensed in Connecticut. Had I asked for reciprocation, if my Florida registration was unfit, what was the matter with the Connecticut registration?

It is easily understood that the various states must have a certain set of standards and regulations governing their educational requirements, but why should there be such a wide range of difference, when, after all, it is true that we are all Americans?

Is it impossible to determine a man's ability by examination? If so, then why have examinations in any of the states? Why not just let the different states accept the schools that they want to, and after they have accepted, then waive examinations that are, to say the least, most expensive to a young man just beginning to practice?

Couldn't New York or any state give an examination comprehensive enough to ascertain whether an applicant had the ability and intelligence to practice, especially when the applicant is a graduate of an accredited American school?



Who's Afraid of THE BIG BAD WOLF?

By HALL JOHNSTON

WHEN a slicker stock salesman thinks he has exhausted the possibilities in a given field, and looks about for new worlds to conquer, he examines the directory covering the proposed territory and counts the dentists and physicians. They are first on his list of prospects, not only because he wants to sell them his wares, but also because he wants the moral support and influence of those who compose the community's leading professional groups. Through written propaganda, prospectuses, and sales letters he prepares the way, to be followed with the great story which he must himself tell by word of mouth. It is all spe-

cially composed, and frequently has little relation to the facts.

When Congress enacted the Securities Act of 1933, it intended at the start merely to create a great reservoir of security information, upon which any interested citizen might draw. It was thought that the investor would take advantage of such an opportunity before he parted with his money. But the average investor still seems to prefer to get his security information from the seller, and it is hard to move him into action, even to help himself. Had the framers of the new law depended upon this feature of it to give it utility, it might have been a failure.

The new law does require the security seller, if he proposes to go beyond the borders of his home state, to file a "registration statement" with the Federal Trade Commission. This statement is as long as the famed Roman Law, and so complicated the equally famed Philadelphia lawyer could not decipher it. It must contain, however, the full story of what is behind the security, and this information is on tap for any citizen who is willing to pay a small fee for copying it.

It is a very peculiar law. The Commission examines the statement, but does not issue any permit or license to sell the security. If, after twenty days, the Commission fails to find anything wrong with the statement, it automatically becomes effective. If otherwise, a stop order is issued, until amendments suggested by the Commission are made. That is all there is to it as far as the Federal Trade Commission is concerned. It does not concern itself with the soundness or worth of the security. It is not intended that the sale of speculative securities be stopped or even curbed. The issuing company may be selling green cheese, fresh from the moon, and still fail to come under the Commission's ban. The point of the law is that if the company expects to enrich its stockholders by going into the green cheese business, the cheese to be sliced from the moon, each of its officers and directors must,

swear that the company is engaged in selling green cheese from the moon. The whole story of just how it is expected to procure the moon cheese must be told. Then there is no fraud, and the law and the Federal Trade Commission are both satisfied. The mountebanks who have lied and cheated, and who have told half truths and practiced pious frauds must about face and tell the truth, the whole truth, and nothing but the truth, so help me!

There is a twist in the law which gives it teeth, and, strange as it may seem, it is the security dealer himself who must render the law effective in saving the investor from his own lack of information. Heavy penalties are provided for failing to file full information, or for filing false information. This does not help very much, for the information, if full, might never reach the prospect, or if false might never be discovered. But the law also lays a heavy hand on the head of the seller by providing equally severe penalties for circulating any information about the security not contained in the statement. As if that were not enough to harass the poor security merchant, similar penalties are provided for failing to disclose, in his sales talk or in a prospectus, material facts included in the statement. This clause has been misinterpreted by many security house managers, who jumped to the conclusion that the law requires, in every instance, that

all the facts contained in the statement be told. It does not quite require that. If, however, a statement is made concerning a security, then the omission of any other fact which pertains to the statement made which might render the original statement in any way misleading must be fully told.

It will be seen that the law places the whole burden of telling the truth about a security directly upon the organization selling it. There should be little need for the security buyer to call on the Federal Trade Commission for information. Unless the seller would go to jail, he must tell the whole story. If he opens a subject, he must complete it. Concerns expecting to stay in business will be very careful as to what they say. Radio broadcasts, subject to the same rules, must be filed with the Commission. A salesman must learn his company's prospectus by heart, and then compile a chart of related facts so that he may be sure he is telling the complete story about any one of them.

The law is intended to apply only to securities sold in interstate commerce, but here, too, the framers seem to have gone much further than they originally intended. The law defines interstate commerce as "any trade or commerce in securities between the states, or any transportation or communi-

cations relating thereto." It is doubtful that a representative of a security issuer could pick up his telephone and talk about the issue over the state line without subjecting the issue to registration. It is difficult to conceive of any issue of securities offered to the United States public that may not, at some time during the offering, come within the law, and it may soon become the practice to register intra-state as well as interstate issues.

Dentists who invest should also be willing to investigate. The first question to be asked of the security seller is whether or not the issue is registered under the Securities Act of 1933. If it is not, the prospective buyer may know that it is either a wild-cat issue, or an intra-state issue. In either event, there may be nothing to prevent the old high, wide, and handsome method of exploiting it. If it is registered, jot down the points claimed in its favor. Then write to the Federal Trade Commission at Washington for a check-up. If there are claims which are not on file, they are probably false. If facts on file are withheld from you, there may be a reason against your interest.

The new law and the Federal Trade Commission stand ready to help you get the truth, the whole truth, and nothing but the truth.

PEAKS

and

By FRANK A. DUNN, D.D.S.

POKES

I told him I was weary
With the solitude of life,
With the cheerless, loveless, dreary,
Dismal days without a wife;
In the morning it was lonely
Munching bacon, eggs, and toast;
In the evening it was only
Just existing at the most;
Coats and trousers minus buttons,
Socks in tatters, linens rent;
Bachelors were surely gluttons
When it came to punishment.

He watched me in a blinking,
Winking, funny sort of way,
I was sure that he was thinking
Something wise and good to say;
Then he filled his pipe and lit it,
And he poked it with his thumb;
Single life! he'd make me quit it,
Words of wisdom now would come;
For a moment he stopped smoking,
They were coming, I could tell,
Gave his pipe another poking,
Then he answered, "Go to hell!"

Why Pittsburgh is a pain in the neck to a certain Cleveland dentist: (1) The crisp, brand-new twenty dollar bill he handed the Pittsburgh waiter had another crisp, brand-new twenty stuck to it, which the waiter kept; (2) at the railway station he couldn't find his return ticket and had to buy another; (3) he had just awakened to

the loss of the twenty as the conductor came along. "Where do you think you're going?" asked the conductor looking at the ticket. He answered, "Cleveland." "Wrong," said the conductor, "you're going to Buffalo."

Doctor Purcell, of Streator, Illinois, spotted this sentence in a dental publication: "Re-examine the area roentgenographically periodically at intervals of six or twelve months." And comments, "Maybe he means, 'X-ray the area once or twice a year.'" (By the way, doctor, I showed your very kind letter to a school teacher, thoughtlessly forgetting your excellent if somewhat breezy suggestion in the last two lines. I looked dumb while she asked what it meant.)

Dr. Henry Steuer's name is pronounced *Stoyer*, and he actually thinks it rhymes with *foyer*. It would if he called himself *Stah-yay*.

661 Rose Building
Cleveland, Ohio

NOVEMBER, 1933

1667



W. LINFORD SMITH
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

MEASURING CIVILIZATION

SAVE for the maternal instinct, which is an obvious necessity in the case of all higher forms of animal life, the merciless law of claw and fang—the triumph of the strong, the defeat of the weak—prevails throughout the whole animal kingdom until the slowly ascending scale touches man himself.

In his case, beginning so long ago that its origin is too remote for discovery, there have slowly been developing the impulses of mercy, consideration, and helpfulness.

To trace the growth of these essentially human attributes through the centuries of man's development would be interesting, but not especially relevant to the topic under consideration. Suffice it to say that at times these splendid attributes, attesting to man's slow triumph over his brute ancestry have flourished. At times they have languished. Today it may be proudly and confidently stated that they are flourishing as never before in all history.

Never have such serious hardships been borne by so large a number of people with such remarkable absence of bitterness and bloodshed. The obvious reason for this is that we are now more civilized—farther removed from our brute ancestry and attributes than ever before.

In spite of all our protestations of diminished incomes, we of the dental profession have much to be thankful for.

Few of us can be "fired" point-blank by anyone. We are still enjoying more liberty in the conduct of our personal and business affairs than many other men. We, as a profession, are unquestionably in line to feel the very first thrills of the widespread recovery which is absolutely certain to occur in the comparatively near future. (Indeed, evidence is by no means lacking that in many localities this delightful sensation is already being experienced.)

Few groups in the country are as fortunate as we who constitute the dental profession. Let us not forget this very pleasant fact! But, in the light of it, let us face all our responsibilities as men of high courage and an unshakable self-respect. As a part of this flaming inner conviction, let us spare no effort in taking care of our own.

Life weaves strange patterns. Certain of our members have been overtaken by years, sickness, or disaster. Once they were our equals—perhaps in many ways our superiors; now they are helpless pawns on the checkerboard of an inscrutable destiny. For these let us loosen our purse strings and make out as liberal a check as possible for the relief of these, our own, who desperately need help.

Fred R. Adams, Secretary, Dental Relief Fund, 80 West 40th Street, New York City, is the man to whom your generous contribution should be sent.

This call is not compulsory. There is no authority save our pride as a profession to urge compliance. Nevertheless, in the liberality and promptness of our response, the stature of our attainment as truly civilized men may be largely determined.

A CHANCE FOR EVERYBODY

IN all of the terrible memories and mental reverberations left from recent wars and world catastrophes there looms one clear and splendid picture. It is that of the humanitarian and utterly unselfish activities of the Red Cross.

It is not too much to say that, if it were possible to enlarge this wonderful spirit of helpfulness and service so as to include within the shadow of its mantle the entire range of human activities, all the problems of the earth would be settled by a single heroic achievement. No such magic is, however, possible in any human world.

Notwithstanding this, there is one definite thing that we each can do, and, in so doing, honor ourselves as individuals and also indulge our souls in the very worth while feeling that by our action we have made ourselves an integral part of one of the outstanding humanitarian efforts of our day. This thing which we *can* do is to support actively the Red Cross, sending in our contribution in the amount which we can afford and we *can*, practically all of us, afford something. To say that we cannot is to indulge in cheap self-deception.

On Page 1660 of this issue appears the official appeal of this magnificent cause. In your heart at this moment is the impulse to respond to that appeal. Unite these two facts in the action of an immediate remittance. The cause is world wide, and in it there is room for everybody.

D.D.S. + N.R.A. = W.H.A.T.?

THE question above cryptically set forth has been agitating the minds of dentists throughout the land for the past few months.

Because an entirely unwarranted state of anxiety and trepidation seems to exist with many members of the dental profession regarding the so-called general code and its possible effect upon themselves and their assistants, a brief statement of the salient facts of the matter is here presented.*

Practitioners of all professions are themselves exempted from the provisions of any and all codes so far as their hours of labor, days per week, or wage rate per anything are concerned.

*See also ORAL HYGIENE, September, 1933, p. 1335; October, 1933, p. 1526.

We are all still individually free to go ahead working days, nights, and Sundays, putting the mouths of *homo sapiens* in first class, healthy, and serviceable condition, and then hanging the bill on a hook while said *homo sapiens* buys himself a new car, or later slips us a hard luck story (*always* true, of course) which would bring tears to the eyes of a wooden Indian.

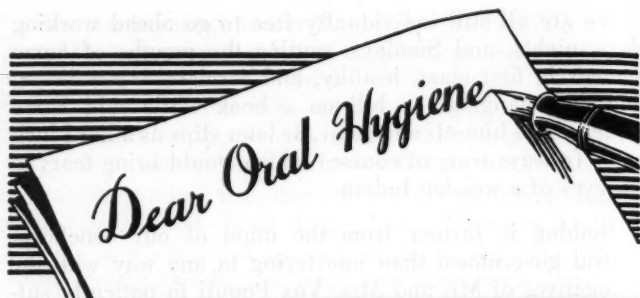
Nothing is further from the mind of our beneficent central government than interfering in any way with the prerogatives of Mr. and Mrs. Vox Populi in patiently suffering with assorted toothaches until about 4 P.M. on Saturday, and then calling the dentist just as he is leaving for the only golf game he has planned for the past month.

It is indeed comforting to realize that no abridgment whatever of our priceless privilege of being on call 365 days in the year either with or without pay is even contemplated! For of such facts is composed the glory of steadfastly serving humanity as a profession dedicated to such service.

As to our employees: If not more than two are serving in any one office, such employees are also exempt from all provisions of the code.

Such being the facts, the vast majority of dentists throughout the land have no code worries. However, as loyal citizens we should all place ourselves squarely behind the very sincere efforts of our central government and conform to the principles as well as the letter of the code in all our dealings.

Dr. W. N. Miller, of Flint, Michigan, whose series of articles, "Dental Education—to What End?" appeared recently in ORAL HYGIENE, has been appointed to the faculty of the School of Dentistry of the University of Detroit to conduct a course in Ethics and Office Practice.



"I do not agree with anything you say, but I will fight to the death for your right to say it."

—Voltaire

A YOUNG PLAYWRIGHT'S DENTAL DRAMA

Recently I showed my son a little booklet, put out by one of the dental companies, concerning the various tooth customs of other countries.

He promptly wrote out the playlet below for production as a school play.

HOW CHILDREN OF OTHER LANDS TREAT A TOOTHACHE

Scene, In a school room.

Time, Many years ago.

Teacher is seated on chair, with glasses on her nose children come in, in the last comes in Jhonny with a bright red handkerchief around head.

Teacher, Whats the mater Jhonny?

Jhonny, Aw, I have a toothache.

Teacher, Now Jhonny what is the cause of that?

Jhonny, I don't know.

Teacher, Tell the class Spud. Spud, Well-er-a-well y-you havn't warshed your teeth enough, a-and havn't ate the proper foods I guess that's all.

Teacher, Very good Spud, Now what is it Kolcak?

Kolkak, In Russia we take a spoon full of finely granulated gunpowder, wrap it with a thread in a small piece of cambric and chew upon it slowly.

Baveria, In Baveria, a drop of hydrochloric acid is brought into the tooth by the means of a small brass wire.

China, Yes and in China we use Arsenic.

Germany, In Germany, a thoouth ache is relieved by Inhaling fumes produced by proing oil over a red hot iron.

Bohemia, In Bohemia, small

pills are made of ear wax and placed in the tooth to relieve pain

Branderburg, In Branderburg, the gums are rubbed with human blood.

Romans, My people who lived a long time ago used to insert a piece of snake's skin in a cavity.

(Teacher, Well children for such a good)*

Teacher, Well (that)* sure was a mity fine stories thsoe

and I hope the rest enjoyed it as much as I did.

Now children you may leave

CAST

Teacher	<i>Marjie S</i>
Jhonny	<i>Lowell Smith</i>
Spud	<i>Holms</i>
Kolcak	<i>Jack</i>
Bavaria	<i>Madge</i>
China	<i>Elsie</i>
Germany	<i>Sue</i>
Bhomeia	<i>Walt</i>
Bradenburg	<i>Teddy</i>
Romans	<i>Irene</i>

This is just as he did it on the typewriter.—CHESTER M. ALLEN, D.D.S., *Seattle, Washington*

ENCOURAGEMENT

Recently I have been spending some of my leisure time rereading old dental magazines. Among them was the November, 1932, ORAL HYGIENE. This is one of the most helpful numbers of any magazine I have ever read. We need more such

common sense articles that will really help and encourage some of the everyday pluggers on their bread-and-butter stuff.—HARRY F. CEVELY, D.D.S., *Severy, Kansas*

SOUND TEETH AND DIET

In his article* Dr. Fassett Edwards requests that anyone having definite data on the effects of the diet he suggests communicate with the editor of ORAL HYGIENE. In compliance with his request I am sending you this information about my four grandchildren ranging from eight to twelve years of age, who have been maintained on a diet similar to that advised by Doctor Edwards.

They are all healthy, normal children, and all have sound teeth and gums, whereas their parents and other ancestors all had poor teeth. They have been allowed some sweets, but only after they had had the required amount of the prescribed foods.

Their teeth from infancy have, of course, had constant care and they have never suffered any toothache. Although they have had a few pit cavities filled, none of them ever lost a deciduous tooth until time for the eruption of the permanent ones.

Some of my patients ask me why their children have poor teeth when they have been fed correctly. I do not believe they have been so fed.

*The young author used parentheses to strike out his rejected material.

*ORAL HYGIENE, September, 1933, p. 1347.

In addition to diet, one of the greatest assets for sound permanent teeth is the dental care of the deciduous from infancy.—W. P. TABER, D.M.D. *Portland, Oregon*

PHYSICIANS AND DENTAL QUESTIONS

I am sure that the article* written by Dr. Hugh Grant Rowell is worthy of a response. It is so seldom that our medical brethren find any field in which they are not superior to all others that it does seem good to find that possibly the dentist does have a right to express an opinion in his own field. Thank you, Doctor Rowell.

It has been my privilege to be associated with some physician continuously in the thirteen years which I have occupied this office and everyone that has talked over this situation which Doctor Rowell describes has been conscientiously of the same opinion as Doctor Rowell.

After lengthy discussions we have always arrived at the same verdict; viz., that the problem is easily solved in the following manner: as part of the routine examination of the patient by the physician, if the patient is really desirous of having a complete examination, or one approximating a complete one, the physician has referred the

patient to his dentist for a complete oral x-ray examination.

I have an x-ray machine and if the patient's own dentist does not, the physician suggests that I make the necessary exposures. The patient's own dentist can then interpret them.

The fact that the physician has no x-ray machine in his own office makes any explanation unnecessary on his part. The physician can surely truthfully say that he is unable to answer his patients' questions regarding teeth or the oral cavity without the proper x-ray pictures having been taken. In this way he saves himself answering questions, helps the dentist earn a dollar, and does the patient a real service. This seems to be a simple procedure and one which will surely meet with the approval of both professions.—IRA M. SMITH, D.D.S., *Chicago, Illinois*

THE DENTIST AND HIS FINANCES

The average dentist today is up against it. He has plenty of accounts on his books, but he can't collect them, and, therefore, he is unable to pay his own bills. To use my own situation as an example, I have three times as much money owing me today as I owe.

The effect of this condition on the dentist is twofold: first, his financial standing in his community is impaired, and

*ORAL HYGIENE, August, 1933, p. 1180.

second, his mental condition is bad.

People today pay cash at chain stores of every description, they pay cash each month on their automobile installments, and they pay their life insurance premiums when due.

Why? Because in the first instance they have to or not get the goods; in the second and third instances, because they have to pay or lose everything.

Do they pay their dentists? No! Because they have nothing to lose. It is only human nature to pay where there is something at stake and let the other bills go.

Today the dentist is "holding the bag." Until we dentists get together and insist on cash payments for our services we are going to continue to be imposed upon.

Some men may feel that dentistry is not like a business, but is a healing profession. This is true, but the time has come when we must protect ourselves in competition with other lines.

—EDWIN S. KENT, PH. B., D.M.D., *Portsmouth, New Hampshire*

DENTAL TERMINOLOGY

I just finished reading a national magazine which gave an account of the dental convention held in Chicago. This publication published a quotation from a talk given by Doctor Black of Chicago, as fol-

lows: "Millions of teeth were *pulled* a generation ago." *

That word *pulled*! Why do dentists continue to use it in referring to the removal of teeth? No wonder people abhor the dental chair, when they are constantly reminded that their teeth someday will be "pulled out"—at least some of them. People don't mind having their leg pulled a bit, but when a dentist begins talking of pulling their teeth, they run for the tall timber.

Still, when leaders of our profession speak from the platform and use expressions that to me sound wrong, it is hard to convince the rank and file that some things should be changed.

I don't think anyone ever *pulled* a tooth, unless it was one that a good gust of wind would remove. To my way of thinking we *extract* teeth. If we consider ourselves just brawny individuals who go to work on a patient, hammer and tongs, surely then we can be classified as *teeth pullers*. And then we can understand why 60,000 dentists in the United States with 120,000,000 people to draw from get only a puller's consideration when they talk dentistry.

Maybe teeth were pulled a generation ago, but we should not consider that type of work in the same light today, nor refer to it in this manner.—
HAROLD J. ROACH, D.D.S., *Detroit, Michigan*

*Perhaps Doctor Black was misquoted.



Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Questions and answers of interest will be published.

PRESSURE OF BRIDGE

Q.—I am enclosing x-ray pictures of a case that puzzles me.

The patient complains of a discharge under the teeth of the bridge. Upon awakening in the morning there is considerable of this exudate over the front teeth. During the day, from time to time, she is able to force out a small amount of the discharge by pressing on the gum behind the bridge. It is almost white and has no apparent odor. These symptoms have been noticed for four months.

She tells me that the bridge has been in place four years and when first inserted was so tight against the tissues that there was considerable swelling for a short time. The dummy

teeth, which are of the muskrat variety, are still quite tight and press well into the tissues.

Could the tightness of the bridge cause this irritation?

Also, can you tell me what the dental degree M.D.S. stands for and what school confers it?
—M. J. S.

A.—It is a fairly common occurrence to have the pontics of fixed bridges press too hard on the underlying tissues and cause desquamation of the membrane, thus creating an absorption area. In some cases the tissues break down and pus is formed, and sometimes there is a proliferation of the tissues with tumefactions projecting well over the porcelains.

Your case is apparently one of too great pressure of the pontics against the soft tissues,

as the cortex of the underlying bone is radiolucent and illy defined. It would seem wise to remove the bridge in order to determine the exact condition.

M. D. S. stands for "Master of Dental Surgery" and is a degree that was formerly conferred by the State of New York upon the passing of an examination in dental subjects.

—GEORGE R. WARNER

INFLAMED GINGIVAE AND LIPS

Q.—About two months ago I operated on a man for pyorrhea. For a time all went well. Then the patient returned with the gums, the lips, and epithelium a very bright red. The lips and mouth were hot and dry.

I referred him to his physician as I had never in my eighteen years of practice encountered a similar case. The physician diagnosed it trench mouth, treated it as such, and the condition improved somewhat. Then the physician discharged the patient and he returned to me.

His gums and lips are still a very bright red although not so hot and dry. I have continued the Vincent's angina treatment of chromic acid and peroxide, plus the sprav wash, but there has been little additional improvement. The gums have returned to their normal contour, but the bright redness and hotness remain.

I have checked for traumatic occlusion and found none.

Can you offer any suggestion about what causes the redness, and what may be done to correct the condition?—F. O. E.

A.—Your case would seem, from your description, to be one of chronic desquamative gingivitis. This is a rare condition and has been described by very few writers. Dr. A. H. Merritt of New York, read a paper on it before the American Academy of Periodontology at Buffalo last year. He advises doing a gingivectomy and then using much the same local treatment as you used. The prognosis isn't very good. The cases get better and then get worse although some of them clear up.—GEORGE R. WARNER

DEPRESSED CUSPID

Q.—I am enclosing two x-ray pictures showing a lower left cuspid which has retruded into its socket. From them you may be able to study the bone structure of the surrounding teeth and give me your opinion about the condition shown, and what treatment I should follow.

Also, have you ever heard of using sodium iodide in treating tic douloureux? One of my patients has been afflicted with tic for three years. I used alcohol injections at regular intervals of six months, with a fair degree of success, over a period of two years. After a lapse of nine months, I met this patient on the street. He told me that he had not been troubled with the pain until about

two weeks previous to our meeting and that he had been using five drops of sodium iodide in a half glass of water twice a day. The pain had subsided and the patient was again relieved.

About six months later he returned with the same old pain and I gave him an alcohol injection, asking him at that sitting to return for a prophylaxis. The day after this prophylaxis was performed the patient called and told me that the pain was gone and that he had a night of peace and rest.

Does a prophylaxis ordinarily have such a beneficial effect on tic?—C. V.

A.—The depression of teeth in orthodontic procedures is common practice and is most helpful in many cases, but the depression of teeth in partial denture service is an unfortunate and unnecessary complication. It is probably due to the impression not having been taken so that the soft tissues were compressed, or the soft tissues have given away under the denture pressure, or because of absorption of the alveolar bone.

In any case, the denture should be left out until the tooth resumes its normal position and then a new denture made and so balanced that there will not be any undue pressure on that cuspid tooth.

Real tic douloureux will not yield to medicinal treatment so I can't see what part could be played by sodium iodide. It will yield to inhalations of

trichlorethylene in some cases and for a time. It is held by eminent men in our profession that even surgical procedures in the mouth have no beneficial effect on tic so I can't believe that a prophylaxis would. I would suggest a re-diagnosis with the thought that you will find it isn't a real trigeminal neuralgia.—GEORGE R. WARNER

SWELLING OF LIPS

Q.—The case of a young man who has come to me for treatment puzzles me. He is troubled with a swelling which appears during the night and disappears shortly after he arises. The swelling gets hard, as though the blood were under pressure. After he moves around, it leaves until the next morning.

At first the lower left jaw and lower lip swelled but lately it has moved to the opposite side of the face and now only the lip swells.

The patient claims he was never hit and that his teeth do not bother him. The tissues seem perfectly normal and the teeth sound. I removed a two-tooth bridge, thinking that it might be the cause but I found nothing wrong, so I replaced it. The patient has several gold bridges on the upper jaw, but the x-rays show everything normal.

This condition is naturally a source of worry to the patient and he is having an examination for cancer. However, it

has never burst, nor are there any signs of growth. Can you offer any suggestions?—J. E. W.

A.—Your case presents a very good picture of angioneurotic edema. As you can judge by the name, it is a dyscrasia of the nervous system and is very hard to handle. In fact, it may never entirely clear up. It isn't dangerous and if the patient is assured that there is nothing to fear it will quiet his nervous apprehension and in that way will help the condition.—GEORGE R. WARNER

HAY FEVER AND EXTRACTIONS

Q.—Is there any danger in extracting a tooth while the patient is suffering with hay fever? I have recently heard of a dentist who refused to do so.—J. B. B.

A.—There is no contraindication for extracting in cases of hay fever. Inasmuch as it is an allergic condition, the extraction of pulpless teeth might be beneficial.—GEORGE R. WARNER

SLOUGHING OF TISSUE

Q.—I have a patient—a girl nineteen years old—who has a continual sloughing away of tissue in her mouth. This sloughing includes the lips and back as far as the molar region. At times, it is more severe than at others and becomes raw.

To what can a condition of this sort be ascribed? How

can it be cleared up?—J. A. R.

A.—The description you give tallies very accurately with the symptomatology of "chronic desquamative gingivitis" as given in a paper by Dr. A. H. Merritt before the American Academy of Periodontology, Buffalo, 1932. However, Doctor Merritt has never seen a case in as young a person as your patient and he says the etiology is unknown.

The treatment is surgical and inasmuch as it is rather radical I would advise you to call in a periodontist in consultation.—GEORGE R. WARNER

LATERAL ABSCESS

Q.—Will you please tell me the cause and treatment of a lateral abscess?—H. A. R.

A.—Where the tooth is non-vital a lateral abscess is most apt to have its origin from a lateral branch from the root canal. In this case extraction of the tooth is no doubt the correct solution. Where the tooth is vital it probably has its origin from the deposit of serum calculus on the side of the root and we are convinced there is always in these cases a connection with a pyorrhea pocket at the gingival crevice. A satisfactory procedure consists in laying back a gum flap and, after curetting and polishing the involved root surface thoroughly, excise enough of the gum flap to eliminate the pocket and suture the flap back in place.—V. C. SMEDLEY

LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.

SHE: "Before accepting you I ought to tell you one of my uncles is in prison."

He: "Oh, that's all right. Several of mine ought to be."

The film director was making a Western thriller, and working very hard to get some action into it.

Finally he turned from the brink of a cliff, mopped his brow, and glanced at a dummy made of straw and old clothes lying on the ground beside him.

"Good heavens!" he shouted. "Who was it we threw over the cliff?"

An American in England was giving some illustrations of the size of his country.

"You can entrain in the state of Texas at dawn," he said impressively, "and twenty-four hours later you'll still be in Texas."

"Yes," said one of his English listeners, "we've got trains like that here, too."

Two negroes met, and in the ordinary course of conversation one said: "How's de business?"

"Lawdy, business am sure good," answered the other. "Ah've bought a donkey fo' ten dollahs, swapped it fo' a bicycle, swapped that fo' a mangle, swapped the mangle fo' a bedstead, an' ah sold de bedstead fo' ten dollahs."

"But yo' aint made nothin' on de deal!"

"No, sah! But lookat de business ah'm doin'!"

Two Irishmen were excavating for a proposed building, when an interested spectator inquired: "How is it, Pat, although you and Mike started work together, he has a bigger pile of dirt than you have?"

"Shure," was the retort, "he's diggin' a bigger hole."

"How're you making out at the opera house?"

"We turned 'em away last night." "G'wan."

"Fact. Sixteen of 'em. Manager said it was no use burnin' gas for a nine-dollar house."

"I'm in an awful predicament."

"What's the trouble?"

"I've lost my glasses and I can't look for them until I've found them again!"

A judge was pointing out that a witness was not necessarily to be regarded as untruthful because he alters a statement made previously.

"For instance," he said, "when I entered this court today I could have sworn I had my watch in my pocket. But then I remembered I had left it in the bathroom at home."

When the judge got home that night his wife said: "Why all this bother about your watch—sending four or five men for it?"

"Good heavens," the judge exclaimed, "what did you do?"

"I gave it to the first one who came; he knew just where it was."